Case 16-72512-FJS Doc 15 Filed 08/15/16 Entered 08/15/16 16:59:21 Desc Main

		17/1/11111		
Fill in this infor	mation to identify your	case:		
Debtor 1	Marvin English			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F VIRGINIA	
Case number	16-72512			
(if known)				

eck if this is an ended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file

you	r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		•
Par	t1: Summarize Your Assets		
			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	303,950.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	120,493.75
	1c. Copy line 63, Total of all property on Schedule A/B	\$	424,443.75
Par	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	601,744.77
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	20,694.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	24,894.58
	Your total liabilities	\$	647,333.35
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	12,293.50
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	9,908.04
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sc	hedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a persona ^l	l, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Case number (if known) 16-72512 Debtor 1 Marvin English

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

11,108.15 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total o	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	20,694.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	20,694.00

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			_	cument Page 3 of 51	13/10 10.		
Fill in this info	rmation to identify	your case and th					
Debtor 1	<u> </u>						
Debior 1	Marvin Engli		Name	Last Name			
Debtor 2							
(Spouse, if filing)	First Name	Middle	Name	Last Name			
United States B	ankruptcy Court for	the: EASTERN	DISTRI	CT OF VIRGINIA			
Case number	16-72512						☐ Check if this is an amended filing
	orm 106A/B le A/B: Pr	_					12/15
nink it fits best. Information. If mo Inswer every que	Be as complete and a pre space is needed, a stion.	accurate as possibl attach a separate sl	e. If two neet to ti	only once. If an asset fits in more than on married people are filing together, both are his form. On the top of any additional page.	equally resp	onsible for su	oplying correct
Part 1: Describe	e Each Residence, Bi	uilding, Land, or Ot	ner Real	Estate You Own or Have an Interest In			
. Do you own or	have any legal or eq	uitable interest in a	ny resid	ence, building, land, or similar property?			
☐ No. Go to Pa	art 2.						
Yes Where	is the property?						
— 103. Wildio	is the property:						
1.1			What	is the property? Check all that apply			
	Princess Anne R	oad		Single-family home	Do not ded	uct secured cla	ims or exemptions. Put
Street address	s, if available, or other des	cription		Duplex or multi-unit building	the amount	of any secured	
				.,		INO HOVA (lain	
				Condominium or cooperative	Creditors v	viio i lave Claiii	ns Secured by Property.
				·	Creditors v	viio riave Giairi	
Norfolk	VA	23504-0000		Manufactured or mobile home	Current va	lue of the	ns Secured by Property. Current value of the
Norfolk City	VA State	23504-0000 ZIP Code		Manufactured or mobile home	Current va	lue of the perty?	Current value of the portion you own?
Norfolk City	VA State			Manufactured or mobile home	Current va entire prop	lue of the perty?	Current value of the portion you own?
				Manufactured or mobile home Land Investment property	Current va entire prop	lue of the perty? 34,400.00 he nature of years.	Current value of the portion you own? \$184,400.00
				Manufactured or mobile home Land Investment property Timeshare	Current va entire prop \$18 Describe to (such as fe	lue of the perty? 34,400.00 he nature of years.	Current value of the portion you own?
				Manufactured or mobile home Land Investment property Timeshare Other	Current va entire prop \$18 Describe to (such as fe	lue of the perty? 34,400.00 the nature of your simple, tens	Current value of the portion you own? \$184,400.00
	State		U U Who	Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one	Current va entire prop \$18 Describe to (such as fe	lue of the perty? 34,400.00 the nature of your simple, tens	Current value of the portion you own? \$184,400.00
City	State			Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only	Current va entire prop \$18 Describe ti (such as fe a life estat	lue of the lerty? 34,400.00 he nature of your simple, tense), if known.	Current value of the portion you own? \$184,400.00 our ownership interest ency by the entireties, or
City Norfolk (State			Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only	Current va entire prop \$18 Describe ti (such as for a life estati	lue of the lerty? 34,400.00 he nature of your simple, tense), if known.	Current value of the portion you own? \$184,400.00

Official Form 106A/B Schedule A/B: Property page 1

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2			What	is the property? Check all that apply		
204 Fillmor	Place				Do not deduct secured cla	aims or exemptions. Put
Street address, if a	vailable, or other des	scription	_	Duplex or multi-unit building	the amount of any secure	d claims on Schedule D:
			ä	Condominium or cooperative	Creditors Who Have Clair	ms Secured by Property.
				·		
				Manufactured or mobile home	Current value of the	Current value of the
Chesapeak	e VA	23325-0000	_ 🛚	Land	entire property?	portion you own?
City	State	ZIP Code		Investment property	\$239,100.00	<u>\$119,550.</u>
				Timeshare Other	Describe the nature of y	
			_	has an interest in the property? Check one	 (such as fee simple, ten a life estate), if known. 	ancy by the entireties
			WIIO	nas an interest in the property: Check one	Tenants by the ent	ireties with the
					right of survivorsh	
				Debtor 1 only	law	
Chesapeak	e City		_ 🗆	Debtor 2 only		
County				Debtor 1 and Debtor 2 only	Check if this is con	nmunity property
				At least one of the debtors and another	(see instructions)	manity property
			Other	r information you wish to add about this it	tem, such as local	
			prope	erty identification number:		
pages you have terminated to be pages you have terminated to be page to be pa	re attached for our Vehicles	Part 1. Write that	erest in a	your entries from Part 1, including ar r here	ered or not? Include any v	
pages you have the control of the co	our Vehicles or have legal s. If you lease a	Part 1. Write that	erest in a	ny vehicles, whether they are registe Schedule G: Executory Contracts and U	ered or not? Include any v	•
pages you have the pages you own, lease eone else drive cars, vans, truck	our Vehicles or have legal s. If you lease a	or equitable into vehicle, also rep	erest in a	ny vehicles, whether they are registe Schedule G: Executory Contracts and U	ered or not? Include any v	·
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pages you have 2: Describe You own, lease eone else drive ars, vans, truck No Yes Make: C	e attached for our Vehicles , or have legal s. If you lease a ks, tractors, sp	or equitable intervehicle, also report utility vehicle	erest in all ort it on S	ny vehicles, whether they are registe Schedule G: Executory Contracts and U procycles n interest in the property? Check one	ered or not? Include any vi	ehicles you own that aims or exemptions. Pred claims on Schedule
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Official Form 106A/B Schedule A/B: Property page 2

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Deb	NOT I WIATVI	n English		Lase number (# known) 16-	12512
3.3		odge eon	Who has an interest in the property? Check one Debtor 1 only	the amount of any secur	laims or exemptions. Put ed claims on Schedule D: ims Secured by Property.
	Year: 20 Approximate r Other informa		☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
			☐ Check if this is community property (see instructions)	\$900.00	\$900.00
E			nd other recreational vehicles, other vehicles, a atercraft, fishing vessels, snowmobiles, motorcycle		
			rn for all of your entries from Part 2, including a that number here		\$63,625.00
Part Do y		our Personal and Household It ve any legal or equitable in	ems terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
E		ds and furnishings r appliances, furniture, linens	s, china, kitchenware		ording of exemptions.
	Yes. Describ	e			
		Assorted house	ehold goods & electronics		\$2,550.00
E	•	ding cell phones, cameras, n	eo, stereo, and digital equipment; computers, print nedia players, games	ters, scanners; music collect	ions; electronic devices
<i>E</i>	othe I No	ues and figurines; paintings, r collections, memorabilia, co	prints, or other artwork; books, pictures, or other a llectibles	art objects; stamp, coin, or ba	aseball card collections;
	Yes. Describ	e			
		books, pictures	s, etc.		\$50.00
E	Examples: Spor	cal instruments	nd other hobby equipment; bicycles, pool tables, g	olf clubs, skis; canoes and k	ayaks; carpentry tools;
_	Firearms Examples: Pist No	ols, rifles, shotguns, ammuni	tion, and related equipment		
	☐ Yes. Describ	e			
_	Clothes <i>Examples:</i> Eve ☑ No	ryday clothes, furs, leather c	oats, designer wear, shoes, accessories		

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Debtor 1	Marvin Engli	sh	Ca	se number (if known) 16-7	<u>'2512</u>
		clothing			\$1,000.00
□ No		welry, costume jewelry,	engagement rings, wedding rings, heirloom jewe	lry, watches, gems, gold, si	lver
		Assorted jewelry			\$460.00
Exam _l	arm animals ples: Dogs, cats, l Describe				\$200.00
		(1) dog			\$200.00
■ No □ Yes. 15. Add	Give specific info the dollar value o art 3. Write that i	ormation of all of your entries from the second seco	odid not already list, including any health aids om Part 3, including any entries for pages you		\$4,260.00
	escribe Your Finance		st in any of the following?		Current value of the
Do you o	will of flave ally it	sgar or equitable interv	or the following:	!	portion you own? On ont deduct secured claims or exemptions.
■ No		nave in your wallet, in yo	ur home, in a safe deposit box, and on hand who	en you file your petition	
Exam _i No		•	accounts; certificates of deposit; shares in crediounts with the same institution, list each. Institution name:	it unions, brokerage houses	s, and other similar
		17.1.	checking/savings acct. w/ Bar	nk of America	\$208.50
		17.2.	checking/savings acct. w/ Nav Credit Union Balance is \$3105.96 however : lien by Citibank/Sears - availal \$1010	\$2096.48 has a	\$1,010.00
		or publicly traded stoo investment accounts w	ks th brokerage firms, money market accounts		
		Institution or is	suer name:		
9. Non-p joint v ■ No	ublicly traded sto enture		corporated and unincorporated businesses, i	including an interest in ar	ı LLC, partnership, and
⊔ Yes.	Give specific info	ormation about them Name of entity:		of ownership:	
Official For	m 106A/B		Schedule A/B: Property	- 1	page 4

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Page 7 of 51 Case number (if known) 16-72512 Debtor 1 Marvin English 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: TSP through employer \$48,812.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ☐ No Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 2016 anticipated federal and VA state tax \$479.25 refund(s) 29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☐ Yes. Give specific information.....

Case 16-72512-FJS Doc 15 Filed 08/15/16 Entered 08/15/16 16:59:21 Page 8 of 51 Document Case number (if known) 16-72512 Debtor 1 Marvin English 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: Midland National Life term policy New York Life policy for grandaughter \$1.00 taken out 7/1/2016 - no cash value 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list □ No Yes. Give specific information.. GARNISHMENT BY SEARS/PREMIER (return date 4/14/2016 \$2,097.00 but funds were never released) 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$52,607,75 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7.

Official Form 106A/B Schedule A/B: Property page 6

Describe All Property You Own or Have an Interest in That You Did Not List Above

☐ Yes. Go to line 47.

Part 7:

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Case number (if known) 16-72512 Debtor 1 Marvin English 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership □ No Yes. Give specific information....... \$1.00 wages 54. Add the dollar value of all of your entries from Part 7. Write that number here \$1.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$303,950.00 Part 2: Total vehicles, line 5 \$63,625.00 Part 3: Total personal and household items, line 15 \$4,260.00 Part 4: Total financial assets, line 36 \$52,607.75 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$1.00 Total personal property. Add lines 56 through 61... \$120,493.75 Copy personal property total \$120,493.75

Official Form 106A/B Schedule A/B: Property

63. Total of all property on Schedule A/B. Add line 55 + line 62

page 7

\$424,443.75

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Fill in this info	ormation to identify your	case:		
Debtor 1	Marvin English			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the:	EASTERN DISTRICT C	F VIRGINIA	
Case number	16-72512			
(if known)				a

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Pro	perty You Claim as	Exempt
--------------------------	--------------------	--------

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
	■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
2014 Chevrolet Traverse 62000 miles Line from Schedule A/B: 3.1	\$19,275.00		\$775.00	Va. Code Ann. § 34-4
Ellie Holli Goreadie Arb. G.1			100% of fair market value, up to any applicable statutory limit	
2015 Chevrolet Tahoe 56000 miles	\$43,450.00		\$6,000.00	Va. Code Ann. § 34-26(8)
Line Holli Schedule A/B. 3.2			100% of fair market value, up to any applicable statutory limit	
2015 Chevrolet Tahoe 56000 miles	\$43,450.00		\$2,981.12	Va. Code Ann. § 34-4
Zino nom conocado 702. CIZ			100% of fair market value, up to any applicable statutory limit	
2004 Dodge Neon 160000 miles	\$900.00		\$882.38	Va. Code Ann. § 34-4
Line Holli Schedule A.B. 3.3			100% of fair market value, up to any applicable statutory limit	
Assorted household goods & electronics	\$2,550.00		\$2,550.00	Va. Code Ann. § 34-26(4a)
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	

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\$0.00 \$0.00 Air market value, up to able statutory limit \$1,000.00 Air market value, up to able statutory limit \$200.00 Air market value, up to able statutory limit \$208.50 Air market value, up to able statutory limit \$1,010.00 Air market value, up to able statutory limit \$1,010.00 Air market value, up to able statutory limit \$1,010.00 Air market value, up to able statutory limit \$1,010.00 Air market value, up to able statutory limit \$1,010.00 Air market value, up to able statutory limit \$208.50 Air market value, up to able statutory limit \$208.50 Air market value, up to able statutory limit \$208.50 Air market value, up to able statutory limit	34-26(4) 34-26(5) 34-4
\$1,000.00 air market value, up to able statutory limit \$1,000.00 Air market value, up to able statutory limit \$200.00 Air market value, up to able statutory limit \$208.50 Air market value, up to able statutory limit \$1,010.00 Air market value, up to able statutory limit \$1,010.00 Air market value, up to able statutory limit \$208.50 Air market value, up to able statutory limit	34-26(4) 34-26(5) 34-4
\$1,000.00 Air market value, up to able statutory limit \$200.00 Air market value, up to able statutory limit \$208.50 Air market value, up to able statutory limit \$1,010.00 Air market value, up to able statutory limit \$1,010.00 Air market value, up to able statutory limit \$208.50 Air market value, up to able statutory limit \$208.50 Air market value, up to able statutory limit	34-26(5) 34-4 34-4
\$200.00 air market value, up to able statutory limit \$200.00 Air market value, up to able statutory limit \$208.50 Air market value, up to able statutory limit \$1,010.00 Air market value, up to able statutory limit \$1,010.00 Air market value, up to able statutory limit Va. Code Ann. § 3	34-26(5) 34-4 34-4
\$200.00 Air market value, up to able statutory limit \$208.50 Air market value, up to able statutory limit \$1,010.00 Air market value, up to able statutory limit \$1,010.00 Air market value, up to able statutory limit Va. Code Ann. § 3	34-4
\$208.50 air market value, up to able statutory limit \$208.50 Air market value, up to able statutory limit \$1,010.00 Air market value, up to able statutory limit Va. Code Ann. § 3	34-4
\$208.50 Air market value, up to able statutory limit \$1,010.00 Air market value, up to able statutory limit Va. Code Ann. § 3	34-4
\$1,010.00 Sir market value, up to able statutory limit \$1,010.00 Va. Code Ann. § 3	34-4
\$1,010.00 Va. Code Ann. § : air market value, up to able statutory limit	
air market value, up to able statutory limit	
able statutory limit	34-34
\$48,812.00 Va. Code Ann. § 3	34-34
air market value, up to able statutory limit	
\$0.00 Va. Code Ann. § 3	34-4
air market value, up to able statutory limit	
\$1.00 Va. Code Ann. § 3	34-4
air market value, up to able statutory limit	
\$2,097.00 Va. Code Ann. § 3	34-4
air market value, up to able statutory limit	
\$1.00 Va. Code Ann. § 3	34-4
air market value, up to able statutory limit	
	\$1.00 \$1.00 \$1.00 Va. Code Ann. § air market value, up to able statutory limit \$2,097.00 Air market value, up to able statutory limit \$1.00 Va. Code Ann. § Va. Code Ann. §

Official Form 106C

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	Document Pa	ne 13 of 51		
Fill in this information to identify you	ır case:			
Debtor 1 Marvin English				
First Name	Middle Name Last I	Name	-	
Debtor 2			_	
(Spouse if, filing) First Name	Middle Name Last I	Name		
United States Bankruptcy Court for the:	EASTERN DISTRICT OF VIRGINIA			
, ,	-		=	
Case number 16-72512				
(if known)				if this is an
			ameno	led filing
Official Form 106D				
Schedule D: Creditors	Who Have Claims Sec	cured by Propert	:y	12/15
	If two married people are filing together, bot out, number the entries, and attach it to this			
1. Do any creditors have claims secured by	y your property?			
☐ No. Check this box and submit the	his form to the court with your other sched	lules. You have nothing else	to report on this form.	
Yes. Fill in all of the information	holow	ŭ	·	
	below.			
Part 1: List All Secured Claims		. Column A	Column B	Column C
	more than one secured claim, list the creditor se a particular claim, list the other creditors in Par cal order according to the creditor's name.	eparately	Value of collateral that supports this claim	Unsecured portion
2.1 Citimortage	Describe the property that secures the cla	im: \$59,352.92	\$239,100.00	\$39,952.76
Creditor's Name	204 Fillmore Place Chesapeake, V 23325 Chesapeake City County	/A		
P.O. Box 6172	As of the date you file, the claim is: Check a	II that		
Rapid City, SD 57702	apply.			
Number, Street, City, State & Zip Code	☐ Contingent☐ Unliquidated			
Number, Street, Sity, State & Zip Soue	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only	☐ An agreement you made (such as mortga	ge or secured		
Debtor 2 only	car loan)	<u>y</u>		
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's	s lien)		
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit	<i></i>		
☐ Check if this claim relates to a	Other (including a right to offset)	and Deed of Trust		
community debt	— Other (including a right to onset)			
Date debt was incurred	Last 4 digits of account number	4485		
2.2 Ditech	Describe the property that secures the cla	im: \$219,699.84	\$239,100.00	\$0.00
Creditor's Name	204 Fillmore Place Chesapeake,		Ψ233,100.00	Ψ0.00
	23325 Chesapeake City County			
P.O. Box 6172	As of the date you file, the claim is: Check a apply.	II that		
Rapid City, SD 57702	☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only	An agreement you made (such as mortgage)	ge or secured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's	s lien)		
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)	Mortgage-residence		
Date debt was incurred	Last 4 digits of account number	9862		

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Debtor 1 Marvin Englis	sh	Case number (if know)	16-72512	
First Name	Middle Name Last Name			
2.3 Internal Revenue SvcCIO	Describe the property that secures the	claim: \$75,163.26	\$239,100.00	\$75,163.26
Creditor's Name	204 Fillmore Place Chesapeake 23325 Chesapeake City Count	•		
PO Box 7346 Philadelphia, PA 19101-7346	As of the date you file, the claim is: Che apply. Contingent	ck all that		
Number, Street, City, State 8	☐ Disputed			
Who owes the debt? Check	Nature of lien. Check all that apply. An agreement you made (such as mor			
■ Debtor 1 only □ Debtor 2 only	car loan)	tgage or secured		
Debtor 1 and Debtor 2 only	y ☐ Statutory lien (such as tax lien, mechai	nic's lien)		
☐ At least one of the debtors		ile 3 lietty		
Check if this claim relates	_	x Lien		
Date debt was incurred ur	Last 4 digits of account number	unk		
PFS/Prof Finan. S		\$15 929 24	¢10.275.00	\$0.00
Creditor's Name	Describe the property that secures the		\$19,275.00	
Oreditor 3 Name	2014 Chevrolet Traverse 62000 miles			
4445 Corporation Virginia Beach, V	appiy.	ck all that		
Number, Street, City, State 8				
,,,	☐ Disputed			
Who owes the debt? Check	•			
Debtor 1 only	An agreement you made (such as mor	tgage or secured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only		nic's lien)		
At least one of the debtors				
☐ Check if this claim relatest community debt	S to a Other (including a right to offset)	urchase Money Security		
Date debt was incurred 5/2	2014 Last 4 digits of account number	2364		
2.5 Regional Accepta			\$43,450.00	\$0.00
Oreditor 3 Name	2015 Chevrolet Tahoe 56000 m	iles		
P.O. Box 580075	As of the date you file, the claim is: Che	ck all that		
Charlotte, NC 282	apply. 258-0075 Contingent			
Number, Street, City, State &				
	☐ Disputed			
Who owes the debt? Check	_			
Debtor 1 only	☐ An agreement you made (such as mor car loan)	tgage or secured		
Debtor 2 only				
Debtor 1 and Debtor 2 only		nic's lien)		
At least one of the debtors	<u> </u>			
☐ Check if this claim relatest community debt	s to a Other (including a right to offset)			
Date debt was incurred 10	0/2014 Last 4 digits of account number	7541		
2.6 Sears/Citibank	Describe the property that secures the	claim: \$2,096.48	\$0.00	\$2,096.48

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

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Debtor 1 Marvin English		Case number (if know)	16-72512
First Name Middle N	lame Last Name		
Creditor's Name	Rev. chg JUDGMENT LIEN - GARNISHMENT AGAINST NAVY FCU ACCOUNT		
PO Box 20363	As of the date you file, the claim is: Check all that		
Kansas City, MO 64195	apply.		
Number, Street, City, State & Zip Code	Contingent		
Number, Street, Oity, State & Zip Code	☐ Unliquidated☐ Disputed		
Who owes the debt? Check one.	Nature of lien. Check all that apply.		
■ Debtor 1 only	☐ An agreement you made (such as mortgage or	secured	
Debtor 2 only	car loan)		
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)	
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit		
☐ Check if this claim relates to a community debt	Other (including a right to offset)		
Date debt was incurred UNK	Last 4 digits of account number 756	<u> </u>	
2.7 SPS	Describe the property that secures the claim:	\$194,135.08	\$184,400.00 \$9,735.08
Creditor's Name	2940 E. Princess Anne Road Norfolk, VA 23504 Norfolk City County		
P.O. Box 65250	As of the date you file, the claim is: Check all that		
Salt Lake City, UT 84132	apply. Contingent		
Number, Street, City, State & Zip Code	☐ Unliquidated		
Humber, Street, Ony, State a Zip Sode	☐ Disputed		
Who owes the debt? Check one.	Nature of lien. Check all that apply.		
■ Debtor 1 only □ Debtor 2 only	☐ An agreement you made (such as mortgage or car loan)	secured	
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien))	
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit		
☐ Check if this claim relates to a community debt	Other (including a right to offset)		
Date debt was incurred	Last 4 digits of account number 356	32	
·	Column A on this page. Write that number here:	\$601,744	1.77
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.	\$601,744	l.77
	or a Debt That You Already Listed		
Use this page only if you have others to be trying to collect from you for a debt you of	oe notified about your bankruptcy for a debt that yowe to someone else, list the creditor in Part 1, and t you listed in Part 1, list the additional creditors l	nd then list the collection age	ency here. Similarly, if you have more
Name, Number, Street, City, State &	Zip Code On v	which line in Part 1 did you ent	er the creditor? 2.7
BWW Law Group, LLC		·	
4520 East West Hwy., Suite Bethesda, MD 20814	200 Lasi	t 4 digits of account number	_
Name, Number, Street, City, State &	Zip Code On V	which line in Part 1 did you ent	ter the creditor? 2.1
CitiMortgage/Citi Group,(C			or the electron:
Attn: John Havens, Pres./C	EO Last	t 4 digits of account number	_
1000 Technology Drive			
O Fallon, MO 63368			

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Debt	or 1 Marvin English		Case number (if know)	16-72512
	First Name Middle Name	Last Name		
	Name, Number, Street, City, State & Zip Code Equity Trustees, LLC 8100 Three Chopt Rd. Suite 240 Henrico, VA 23229		On which line in Part 1 did you enter Last 4 digits of account number	
	Name, Number, Street, City, State & Zip Code George M. Awad, CEO/President Walter Inventment/Ditech 1100 Virginia Drive #100A Fort Washington, PA 19034		On which line in Part 1 did you ente	
	Name, Number, Street, City, State & Zip Code Professional Finan. Svcs. CERT c/o Robert E. Tucker, RA 10913 Lawyers Rd. Reston, VA 20191		On which line in Part 1 did you enter Last 4 digits of account number	
	Name, Number, Street, City, State & Zip Code Regional Acceptance (notice) CT Corp System, Reg. Ag. 4701 Cox Rd, Ste. 301 Glen Allen, VA 23060-6802		On which line in Part 1 did you ente	
	Name, Number, Street, City, State & Zip Code Rubenstein, Cogan, Revesman 12 S. Summit Avenue, Suite 250 Gaithersburg, MD 20877		On which line in Part 1 did you ente	
	Name, Number, Street, City, State & Zip Code Select Portfolio Servicing Matt Hollingsworth, CEO/Pres. 3217 So. Decker Lake Dr. Salt Lake City, UT 84119		On which line in Part 1 did you ente	·
	Name, Number, Street, City, State & Zip Code Select Portfolio Svc. (RA) Corporation Service Company BOA Ctr, 16th FL Richmond, VA 23219		On which line in Part 1 did you ente	
	Name, Number, Street, City, State & Zip Code US Attorney General (notice) US Dept. of Justice 950 Pennsylvania Ave., NW Washington, DC 20530-0001		On which line in Part 1 did you ente	

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	Case 10-72	312-1 33	_		17 of 5	1	.53.21 Des	Civialii	
Ħ	I in this information to	identify your o			17 (// .)				
De	ebtor 1 Mary	in English							
	First Na		Middle Name	Last Name)				
	ebtor 2 ouse if, filing) First Na	ame	Middle Name	Last Name	1				
Ur	nited States Bankruptcy	Court for the:	EASTERN DISTR	RICT OF VIRGINIA					
Ca	ase number 16-7251	2							
(if k	known)						_	if this is a	n
] amend	led filing	
Of	ficial Form 106	E/F							
Sc	hedule E/F: Cr	editors W	ho Have Un	secured Claims	5			12/1	5
eft. nan Pa 1.	Do any creditors have p □ No. Go to Part 2. ■ Yes. List all of your priority u identify what type of claim possible, list the claims in Part 1. If more than one of	Page to this page nown). r PRIORITY Unsuriority unsecured claims in it is. If a claim has a alphabetical orde preditor holds a part	e. If you have no info secured Claims d claims against you i. If a creditor has mor s both priority and nor r according to the creaticular claim, list the c	e than one priority unsecur priority amounts, list that c ditor's name. If you have m ther creditors in Part 3.	ed claim, list laim here an ore than two	the creditor separated show both priority a	op of any additional ely for each claim. For and nonpriority amoun	each claim	listed,
	(For an explanation of ea	ch type of claim, s	ee the instructions for	this form in the instruction	booklet.)	Total claim	Priority amount	Nonpriori amount	ity
2.1	Commonwealt	h of Virginia	Last 4 d	igits of account number		\$19,694.00	\$19,694.00		\$0.00
	Priority Creditor's Na Dept. of Taxation PO Box 2156 Richmond, VA	on	When w	as the debt incurred?				-	
	Number Street City S		As of th	e date you file, the claim	is: Check all	that apply			
	Who incurred the debt	? Check one.	☐ Cont	ingent					
	Debtor 1 only		☐ Unliq	uidated					
	Debtor 2 only		☐ Disp	uted					
	Debtor 1 and Debtor	2 only	Type of	PRIORITY unsecured cla	im:				
	☐ At least one of the d	ebtors and anothe	r 🗖 Dom	estic support obligations					

■ Taxes and certain other debts you owe the government $\hfill\square$ Claims for death or personal injury while you were intoxicated

2010-state tax lien

 \square Other. Specify

 $\hfill\square$ Check if this claim is for a community debt

Is the claim subject to offset?

■ No

☐ Yes

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Debto	r 1 Marvin English	——————————————————————————————————————	Case number (if know)	16-72512	
2.2	IRS	Last 4 digits of account number	\$1,000.00	\$1,000.00	\$0.00
	Priority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101-7346	When was the debt incurred?		-	
	Number Street City State Zlp Code	As of the date you file, the claim is:	Check all that apply		
v	Who incurred the debt? Check one.	☐ Contingent			
	Debtor 1 only	☐ Unliquidated			
	Debtor 2 only	☐ Disputed			
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
_	☐ At least one of the debtors and another	☐ Domestic support obligations			
	☐ Check if this claim is for a community debt	■ Taxes and certain other debts you	owe the government		
	s the claim subject to offset?	☐ Claims for death or personal injury	while you were intoxicated		
	No	Other. Specify			
	Yes	2010-fed tax I	ien filed		
un: tha	st all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each c an one creditor holds a particular claim, list the other rt 2.	im. For each claim listed, identify what t	ype of claim it is. Do not list cla	aims already included in Par laims fill out the Continuatio	rt 1. If more on Page of
				Total clai	m
4.1	Capital One	Last 4 digits of account number	5766		\$2,095.00
	Nonpriority Creditor's Name P.O. Box 30285 Salt Lake City, UT 84130	When was the debt incurred?			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt	Obligations arising out of a sepa	ration agreement or divorce th	at you did not	
	Is the claim subject to offset?	report as priority claims			
	No	☐ Debts to pension or profit-sharin	g plans, and other similar debt	S	
	☐ Yes	Other. Specify Rev. chg.			

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Debtor 1 Marvin English ase number (if know) 16-72512 any and all **Care Credit** \$5,165.00 4.2 Last 4 digits of account number accts. Nonpriority Creditor's Name P.O. Box 965036 When was the debt incurred? Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Rev. chg. 4.3 **GC Services** Last 4 digits of account number 0969 \$4,152.00 Nonpriority Creditor's Name 6330 Gulfton When was the debt incurred? Houston, TX 77081 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify loan-collection for Chase Credit Card ☐ Yes 4.4 Midland Funding LLC 9071 \$1,855.00 Last 4 digits of account number Nonpriority Creditor's Name 8875 Aero Drive, Suite 200 When was the debt incurred? San Diego, CA 92123 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify collections ☐ Yes

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Case number (if know) 16-72512

Debtor	1 Marvin English		Case number (if know)	16-72512	
4.5	Picatinny Federal Credit Union Nonpriority Creditor's Name	Last 4 digits of account nun			\$6,710.58
	100 Minneral Springs Dr. Dover, NJ 07801	When was the debt incurred			
	Number Street City State Zlp Code	As of the date you file, the c	laim is: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unse	ecured claim:		
	☐ Check if this claim is for a community debt	Student loans			
	Is the claim subject to offset?	report as priority claims	a separation agreement or divorc	e that you did not	
	■ No	Debts to pension or profit-	sharing plans, and other similar	debts	
	Yes	Other. Specify Loan			
4.6	Springleaf	Last 4 digits of account nun	nber 2450		\$2,338.00
	Nonpriority Creditor's Name P.O. Box 59	When was the debt incurred	1?		
	Evansville, IN 47701 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the c	claim is: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unse	ecured claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a report as priority claims	a separation agreement or divorc	e that you did not	
	■ No		sharing plans, and other similar of	debts	
	Yes	Other. Specify charge	d off		
4.7	USAA Savings Bank	Last 4 digits of account nun	nber 5655		\$2,579.00
	Nonpriority Creditor's Name P.O. Box 33009 San Antonio, TX 78265	When was the debt incurred	1?		
	Number Street City State Zlp Code	As of the date you file, the c	laim is: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unse	ecured ciaim:		
	☐ Check if this claim is for a community debt		a separation agreement or divorc	en that you did not	
	Is the claim subject to offset?	report as priority claims	s separation agreement or divorc	e triat you did flot	
	■ No	☐ Debts to pension or profit-	sharing plans, and other similar	debts	
	☐ Yes	Other. Specify credit of	card		
Part 3:	List Others to Be Notified About a Deb	ot That You Already Listed			
is tryi have	nis page only if you have others to be notified al ng to collect from you for a debt you owe to so more than one creditor for any of the debts that ed for any debts in Parts 1 or 2, do not fill out o	meone else, list the original cred t you listed in Parts 1 or 2, list the	itor in Parts 1 or 2, then list the	e collection agency here.	Similarly, if you
		On which entry in Part 1 or Part 2 di	· ·		
Citi Ba	ank Box 5497	Line 4.4 of (Check one):	Part 1: Creditors with Price	•	
F.U. E	DUA 3487		Part 2: Creditors with Nor	npriority Unsecured Claims	;

Official Form 106 E/F

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Debtor 1 Marvin English		•	Case number (if know)	16-72512	
Sioux Falls, SD 57117					
cicux i une, ez ei i i	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part	2 did y	ou list the original creditor?		
Michael J. Filippis, LLC	Line 4.5 of (Check one):		☐ Part 1: Creditors with Prior	ity Unsecured Claims	
276 Broad St., Ste. 1 Bloomfield, NJ 07003			Part 2: Creditors with Nonp	priority Unsecured Claims	
,	Last 4 digits of account number				

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 20,694.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 20,694.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 24,894.58
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 24,894.58

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Fill in this info	ormation to identify your	case:		
Debtor 1	Marvin English			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	Bankruptcy Court for the:	EASTERN DISTRICT O	F VIRGINIA	
Case number	16-72512			
(if known)				☐ Check if this is amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 Antonio Banks 2940 E. Princess Anne Rd Norfolk, VA 23504 Month to month lease at rental property

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		Docume	ent Page 23 d	o <u>f 51</u>	
Fill in this	information to identify your	case:			
Debtor 1	Marvin English				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fili	ng) First Name	Middle Name	Last Name		
United Sta	ites Bankruptcy Court for the:	EASTERN DISTRICT C	F VIRGINIA		
Case num	ber 16-72512				
(if known)					☐ Check if this is an
					amended filing
Officia	l Form 106H				
	lule H: Your Cod	ahtars			12/15
SCHEU	iule II. Toul Cou	CDLOI 3			12/15
our name	e and case number (if known) you have any codebtors? (If	. Answer every question		o this page. On the top of any as a codebtor.	Additional Layes, Wille
_		, , ,	•		
■ No					
☐ Yes	3				
				y? (Community property states	and territories include
Arizon	na, California, Idaho, Louisiana	, Nevada, New Mexico, Pu	erto Rico, Texas, Washi	ngton, and Wisconsin.)	
■ No.	. Go to line 3.				
☐ Yes	s. Did your spouse, former spo	use, or legal equivalent live	e with you at the time?		
in line Form	e 2 again as a codebtor only i	f that person is a guaran	tor or cosigner. Make	if your spouse is filing with your you have listed the credition. Use Schedule D, Schedu	tor on Schedule D (Official
	Column 1: Your codebtor			Column 2: The creditor to	
	Name, Number, Street, City, State and Z	IP Code		Check all schedules that ap	oply:
3.1				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
=	Number Street			_	
	City	State	ZIP Code		
3.2	Nama			Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street	State	ZIP Code	_	
	City	Sidit	ZIP Code		

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							•			
	in this information otor 1	Marvin Engl								
	otor 2 buse, if filing)		•							
Uni	ted States Bankru	ptcy Court for the	: EASTERN DISTRICT	OF VIRGINIA						
Cas	se number 16	5-72512					Check if this	s is:		
(If kr	nown)			•			☐ An ame	nded filing		
_									wing postpetition e following date:	
	fficial Form						MM / DI	D/ YYYY		
S	chedule I:	Your Inc	ome							12/15
atta	t 1: Describ	eet to this form.	r spouse is not filing wi On the top of any additi				d case number	(if known). Answer every	
	information.								n-filing spouse	
	If you have more attach a separate information about	e page with	Employment status	■ Employed□ Not employed			_	nployed ot employe	d	
	employers.		Occupation	Realtor Specia	list		Sale	s Associ	ate-pt time	
	Include part-time self-employed w		Employer's name	DFAS			7-11		-	
	Occupation may or homemaker, if		Employer's address	1240 E. 9th Stre Cleveland, OH			100	her Enter W 21st S olk, VA 2		
			How long employed to	here? 5 yrs				8 yrs		
Par	t 2: Give De	etails About Mor	nthly Income							
	mate monthly incuse unless you are		ate you file this form. If	you have nothing to	report for	any	line, write \$0 in	the space.	Include your no	n-filing
	ou or your non-filing e space, attach a s		ore than one employer, co	ombine the information	on for all	empl	oyers for that pe	erson on th	e lines below. If	you need
							For Debtor 1		Debtor 2 or -filing spouse	
2.			ry, and commissions (b calculate what the monthl		2.	\$	7,771.2	<u>20</u> \$	743.37	
3.	Estimate and lis	st monthly overt	ime pay.		3.	+\$	0.0	+\$	0.00	
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$	7,771.20	\$	743.37	

Official Form 106I Schedule I: Your Income page 1

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Debt	tor 1	Marvin English		Case	number (if known)	16-72512		
	Copy	y line 4 here	4.	For	7,771.20	For Debto non-filing		
5.	List	all payroll deductions:		_				-
	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify: Grocery expense	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.	\$ _ \$ _ \$ _ \$ _	909.26 62.16 380.66 0.00 163.34 0.00 0.00	\$ \$ \$ \$ \$ + \$	86.11 0.00 0.00 0.00 0.00 0.00 0.00 79.55	- - - - -
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,515.42	\$	165.66	-
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	6,255.78	\$	577.71	-
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends	8a. 8b.	: -	0.00	\$ 	0.00	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive	ob.	Ψ_	0.00	Ψ	0.00	-
	8d. 8e.	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security	8c. 8d. 8e.	: -	0.00 0.00 0.00	\$ \$	0.00 0.00 0.00	- - -
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	_ 8g.	, ,	2,457.56	\$	0.00	-
	8h.	Other monthly income. Specify: VA Disability	_ 8h.		455.75		0.00	-
		Social Security Retirement Rental income fr Norfolk RE	_	\$_ \$	2,046.70 500.00	\$ 	0.00	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	5,460.01	\$	0.00	<u> </u>
10.		tulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	51	1,715.79 + \$	577.71	= \$	12,293.50
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your or friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not a cify:	deper		•	ted in <i>Schedu</i>	le J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certain ies					\$Combin	12,293.50 ned
13.		ou expect an increase or decrease within the year after you file this form? No.	?				monthl	y income
	•	Yes. Explain: Debtor is in the process of rehabilitating the renta Norfolk. VA. and will be withdrawing monies from take approximately 90 days to end current month and relet property for approximately \$2000 per mupon determination of property rent and date it we	n TSI to n onth	P to d nonth . Deb	lo repairs. Del lease on prop tor will file am	otor estimate perty, rehab	es that i ilitate pr	t will operty

Official Form 106I Schedule I: Your Income page 2

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Fill	in this informa	tion to identify yo	our case:							
Deb		Marvin Engli				Ch		if this is:		
	tor 2 ouse, if filing)						Α	supplement show	ing postpetition chapte he following date:	r
Unit	ed States Bankr	uptcy Court for the:	EASTE	RN DISTRICT OF VIRGIN	IIA		М	M / DD / YYYY		
	e number 16	5-72512								
Of	fficial Fo	rm 106J								
		J: Your I								2/1
info	rmation. If m		eded, attac	If two married people as ch another sheet to this n.						
Par		ibe Your House	hold							
1.	Is this a join									
	■ No. Go to	line 2. s Debtor 2 live i	n a senar:	ate household?						
	□ No. DOC		n a separe	ne nousenoid.						
			st file Officia	al Form 106J-2, <i>Expenses</i>	s for Separate House	ehold of De	ebtor	2.		
2.	Do you have	e dependents?	■ No							
	Do not list De Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		_	Dependent's age	Does dependent live with you?	
	Do not state								□ No	
	dependents	names.					—		□ Yes □ No	
									☐ Yes	
									□ No □ Yes	
							_		□ res □ No	
_	_								☐ Yes	
3.	expenses of	enses include f people other th d your depender	han $_{\square}$	No Yes						
exp	imate your ex enses as of a		our bankru	y Expenses uptcy filing date unless y y is filed. If this is a supp						
• • •	licable date.									
the		n assistance and		government assistance i luded it on <i>Schedule I:</i> \				Your expe	enses	
4.		or home owners		ses for your residence. I	nclude first mortgag	e 4.	\$		1,894.83	
	If not includ	led in line 4:								
	4a. Real e	estate taxes				4a.	\$		0.00	
		rty, homeowner's	s, or renter'	s insurance		4b.			0.00	
		maintenance, re				4c.			0.00	
5.		owner's associati nortgage payme		ominium dues o <mark>ur residence,</mark> such as ho	me equity loans	4d. 5.			0.00 509.56	

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	Marvin English	Case num	ber (if known)	16-72512
. Utilit	ties:			
6a.	Electricity, heat, natural gas	6a.	\$	290.00
6b.	Water, sewer, garbage collection	6b.	\$	150.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	0.00
6d.	Other Specify: Call phone	6d.	*	60.00
ou.	DC rent		\$	800.00
			\$	
	Gas to/fr DC weekly		·	325.00
	Food in DC mo.		\$	300.00
	work clothing		\$	100.00
	Cable/internet		\$	150.00
Food	d and housekeeping supplies	7.	\$	450.00
Chile	dcare and children's education costs	8.	\$	0.00
Clot	hing, laundry, and dry cleaning	9.	\$	150.00
). Pers	onal care products and services	10.	\$	200.00
	ical and dental expenses	11.	\$	450.00
	sportation. Include gas, maintenance, bus or train fare.		<u> </u>	400.00
	ot include car payments.	12.	\$	325.00
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	200.00
	ritable contributions and religious donations	14.	·	50.00
. Insu	5	14.	Ψ	30.00
	ot include insurance deducted from your pay or included in lines 4 or 20.			
	Life insurance	15a.	¢	604.00
	Health insurance	15a. 15b.	· -	
			·	0.00
	Vehicle insurance	15c.	*	415.00
	Other insurance. Specify:	15d.	\$	0.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.			
Spec		16.	\$	0.00
	allment or lease payments:			
17a.	Car payments for Vehicle 1	17a.	\$	0.00
17b.	Car payments for Vehicle 2	17b.	\$	0.00
17c.	Other. Specify:	17c.	\$	0.00
	Other. Specify:	17d.	\$	0.00
	r payments of alimony, maintenance, and support that you did not report as		·	
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
	er payments you make to support others who do not live with you.		\$	0.00
Spec		19.	· 	
	·	19.		
Otne	er real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i> o		our Income.	
	er real property expenses not included in lines 4 or 5 of this form or on Scho	edule I: Yo		1 127 65
20a.	Mortgages on other property	edule I: Yo 20a.	\$	1,127.65
20a. 20b.	Mortgages on other property Real estate taxes	edule I: Yo 20a. 20b.	\$ \$	0.00
20a. 20b. 20c.	Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance	20a. 20b. 20c.	\$ \$ \$	0.00 0.00
20a. 20b. 20c. 20d.	Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses	20a. 20b. 20c. 20d.	\$ \$ \$ \$	0.00 0.00 292.00
20a. 20b. 20c. 20d. 20e.	Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues	20a. 20b. 20c. 20d. 20e.	\$	0.00 0.00 292.00 0.00
20a. 20b. 20c. 20d. 20e.	Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses	20a. 20b. 20c. 20d. 20e.	\$ \$ \$ \$	0.00 0.00 292.00
20a. 20b. 20c. 20d. 20e. Othe	Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues	20a. 20b. 20c. 20d. 20e.	\$	0.00 0.00 292.00 0.00
20a. 20b. 20c. 20d. 20e. Othe	Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Contingent emergency fund	20a. 20b. 20c. 20d. 20e.	\$ \$ \$ \$ \$ +\$	0.00 0.00 292.00 0.00 200.00 160.00
20a. 20b. 20c. 20d. 20e. Othe Wife	Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Contingent emergency fund e's credit cards e-Pet insurance	20a. 20b. 20c. 20d. 20e.	\$	0.00 0.00 292.00 0.00 200.00 160.00 30.00
20a. 20b. 20c. 20d. 20e. Othe Wife	Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Contingent emergency fund e's credit cards e-Pet insurance e-Mother's care in Phillipines	20a. 20b. 20c. 20d. 20e.	\$	0.00 0.00 292.00 0.00 200.00 160.00 30.00 200.00
20a. 20b. 20c. 20d. 20e. Other Wife Wife	Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Contingent emergency fund e's credit cards e-Pet insurance e-Mother's care in Phillipines e-Mother's housekeeper (in Phillipines)	20a. 20b. 20c. 20d. 20e.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 292.00 0.00 200.00 160.00 30.00 200.00 100.00
20a. 20b. 20c. 20d. 20e. Othe Wife Wife Wife	Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Contingent emergency fund e's credit cards e-Pet insurance e-Mother's care in Phillipines e-Mother's housekeeper (in Phillipines) care/maintenance	20a. 20b. 20c. 20d. 20e.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 292.00 0.00 200.00 160.00 30.00 200.00 100.00 50.00
20a. 20b. 20c. 20d. 20e. Other Wife Wife Rep	Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Contingent emergency fund e's credit cards e-Pet insurance e-Mother's care in Phillipines e-Mother's housekeeper (in Phillipines) care/maintenance eairs to residence-windows/roof/bathrom//insulation	20a. 20b. 20c. 20d. 20e.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 292.00 0.00 200.00 160.00 30.00 200.00 100.00
20a. 20b. 20c. 20d. 20e. Other Wife Wife Wife Rep Calc	Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Contingent emergency fund e's credit cards e-Pet insurance e-Mother's care in Phillipines e-Mother's housekeeper (in Phillipines) care/maintenance eairs to residence-windows/roof/bathrom//insulation	20a. 20b. 20c. 20d. 20e.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 292.00 0.00 200.00 160.00 30.00 200.00 100.00 50.00 325.00
20a. 20b. 20c. 20d. 20e. Other Wife Wife Wife Pet Rep Calc 22a.	Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Contingent emergency fund e's credit cards e-Pet insurance e-Mother's care in Phillipines e-Mother's housekeeper (in Phillipines) care/maintenance eairs to residence-windows/roof/bathrom//insulation eulate your monthly expenses Add lines 4 through 21.	20a. 20b. 20c. 20d. 20e.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 292.00 0.00 200.00 160.00 30.00 200.00 100.00 50.00
20a. 20b. 20c. 20d. 20e. Other Wife Wife Wife Pet Rep Calc 22a.	Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Contingent emergency fund e's credit cards e-Pet insurance e-Mother's care in Phillipines e-Mother's housekeeper (in Phillipines) care/maintenance eairs to residence-windows/roof/bathrom//insulation	20a. 20b. 20c. 20d. 20e.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 292.00 0.00 200.00 160.00 30.00 200.00 100.00 50.00 325.00
20a. 20b. 20c. 20d. 20e. Other Wife Wife Wife Calc 22a. 22b.	Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Contingent emergency fund e's credit cards e-Pet insurance e-Mother's care in Phillipines e-Mother's housekeeper (in Phillipines) care/maintenance eairs to residence-windows/roof/bathrom//insulation eulate your monthly expenses Add lines 4 through 21.	20a. 20b. 20c. 20d. 20e.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 292.00 0.00 200.00 160.00 30.00 200.00 100.00 50.00 325.00
20a. 20b. 20c. 20d. 20e. Other Wife Wife Pet Rep Calc 22a. 22b. 22c.	Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Contingent emergency fund el's credit cards e-Pet insurance e-Mother's care in Phillipines e-Mother's housekeeper (in Phillipines) care/maintenance eairs to residence-windows/roof/bathrom//insulation eulate your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 Add line 22a and 22b. The result is your monthly expenses.	20a. 20b. 20c. 20d. 20e.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 292.00 0.00 200.00 160.00 30.00 200.00 100.00 50.00 325.00
20a. 20b. 20c. 20d. 20e. Other Wife Wife Vife Pet Rep Calc 22a. 22b. 22c. Calc	Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Contingent emergency fund el's credit cards e-Pet insurance e-Mother's care in Phillipines e-Mother's housekeeper (in Phillipines) care/maintenance airs to residence-windows/roof/bathrom//insulation culate your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 Add line 22a and 22b. The result is your monthly expenses.	20a. 20b. 20c. 20d. 20e. 21.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 292.00 0.00 200.00 160.00 30.00 200.00 100.00 50.00 325.00 9,908.04
20a. 20b. 20c. 20d. 20e. Other Wife Wife Vife Pet Rep Calc 22a. 22b. 22c. Calc 23a.	Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Contingent emergency fund el's credit cards e-Pet insurance e-Mother's care in Phillipines e-Mother's housekeeper (in Phillipines) care/maintenance eairs to residence-windows/roof/bathrom//insulation eulate your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 Add line 22a and 22b. The result is your monthly expenses. eulate your monthly net income. Copy line 12 (your combined monthly income) from Schedule I.	20a. 20b. 20c. 20d. 20e. 21.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 292.00 0.00 200.00 160.00 30.00 200.00 100.00 50.00 325.00 9,908.04 9,908.04
20a. 20b. 20c. 20d. 20e. Other Wife Wife Vife Pet Rep Calc 22a. 22b. 22c. Calc 23a.	Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Contingent emergency fund el's credit cards e-Pet insurance e-Mother's care in Phillipines e-Mother's housekeeper (in Phillipines) care/maintenance airs to residence-windows/roof/bathrom//insulation culate your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 Add line 22a and 22b. The result is your monthly expenses.	20a. 20b. 20c. 20d. 20e. 21.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 292.00 0.00 200.00 160.00 30.00 200.00 100.00 50.00 325.00 9,908.04
20a. 20b. 20c. 20d. 20e. Other Wife Wife Wife 22a. 22b. 22c. Calc 23a. 23b.	Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Contingent emergency fund el's credit cards e-Pet insurance e-Mother's care in Phillipines e-Mother's housekeeper (in Phillipines) care/maintenance eairs to residence-windows/roof/bathrom//insulation eulate your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 Add line 22a and 22b. The result is your monthly expenses. eulate your monthly net income. Copy line 12 (your combined monthly income) from Schedule I.	20a. 20b. 20c. 20d. 20e. 21.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 292.00 0.00 200.00 160.00 30.00 200.00 100.00 50.00 325.00 9,908.04 9,908.04

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Debtor	1 Marvin I	English	Case number (if known)	16-72512
Fo	r example, do y odification to the	an increase or decrease in your expenses within the year a ou expect to finish paying for your car loan within the year or do you expeterms of your mortgage?		ase or decrease because of a
	No.			
	Yes.	Explain here:		

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Fill in this info	ormation to identify your	case:			
Debtor 1	Marvin English				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for the:	EASTERN DISTRICT O	OF VIRGINIA		
Case number (if known)	16-72512				☐ Check if this is an amended filing
Official Fo	rm 106Dec				
Declara	tion About a	an Individual	Debtor's Sc	hedules	12/15
ears, or both.	ey or property by fraud i 18 U.S.C. §§ 152, 1341, 7 gn Below		kruptcy case can result i	n fines up to \$250,00	00, or imprisonment for up to 20
Did you p	pay or agree to pay some	one who is NOT an atto	rney to help you fill out b	eankruptcy forms?	
■ No					
☐ Yes.	Name of person				kruptcy Petition Preparer's Notice, , and Signature (Official Form 119)
•	nalty of perjury, I declare are true and correct.	that I have read the sum	nmary and schedules filed	d with this declaration	on and
X /s/ Ma	arvin English		X		
	in English ture of Debtor 1		Signature of	Debtor 2	

Date

Date **August 15, 2016**

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Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married 2. During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 lived there Debtor 2 Prior Address: Dates Debtor 2 lived there 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property)							
Debtor 2 First Number Mode Name Last Name Last Name Cisposes at Herely First Number Mode Name Last		in this info	ormation to identify you	r case:			
Debtor 2 Green Heart States Bankruptcy Court for the:	Del	otor 1		Middle Name	Last Name		
United States Bankruptcy Court for the: Case number 16-72512 Check if this is an amended filing Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 4/16 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Form 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not ma	Del	otor 2	riistivame	Wilder Name	Last Name		
Case number 16-72512 Check if this is an amended filling Check if	(Spc	ouse if, filing)	First Name	Middle Name	Last Name		
Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 4/16 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Fart 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married 2. During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Date Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 lived there 2 lived there 2 lived there 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income A. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Debtor 1 Sources of income Check all that apply. Geros income Check all that apply. Geros income (before deductions and exclusions) Debtor 2 Sources of income (before deductions and exclusions) Live date you filed for bankruptcy: Wages, commissions, bornuses, tips	Uni	ted States I	Bankruptcy Court for the:	EASTERN DISTRICT OF	VIRGINIA		
Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 4/16 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married 2. During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 Dived there 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property states and territories include Anzona, California, Idaho, Louisiana, Nevadia, New Mexico, Pueno Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Geros income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips	Cas	se number	16-72512				
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Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 Debtor 2 Debtor 2 Prior Address: Dates Debtor 2 Debtor 2 Debtor 3 Debtor 4 Debtor 4 Debtor 5 Debtor 5 Debtor 6 Debtor 6 Debtor 6 Debtor 6 Debtor 6 Debtor 7 Debtor 7 Debtor 7 Debtor 8 Debtor 9 Debtor	2.	During the	e last 3 years, have you	lived anywhere other than	where you live now?		
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lived there		☐ Yes.	List all of the places you I	ived in the last 3 years. Do no	ot include where you live now	<i>'</i> .	
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Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No No Sources of income Check all that apply. Check all that apply. From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips Side of the two previous calendar years? From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips		■ No					
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Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips Debtor 2 Sources of income (before deductions and exclusions) Wages, commissions, bonuses, tips	Par	t 2 Exp	lain the Sources of You	r Income			
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Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. From January 1 of current year until the date you filed for bankruptcy: Debtor 2 Sources of income (before deductions and exclusions) Gross income (before deductions and exclusions) \$46,745.59 Wages, commissions, bonuses, tips \$46,745.59	7.	Fill in the t	otal amount of income yo	u received from all jobs and a	all businesses, including part-	time activities.	iluai years:
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Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Sources of income (before deductions and exclusions) Gross income (before deductions and exclusions) Sources of income (before deductions and exclusions) Under the date you filed for bankruptcy:				Debtor 1		Debtor 2	
From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips					Gross income		Gross income
the date you filed for bankruptcy: bonuses, tips bonuses, tips				Check all that apply.	\	Check all that apply.	`
				_	\$46,745.59		
				• •		☐ Operating a business	

Official Form 107

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Case number (if known) 16-72512 Document

Debtor 1 Marvin English

				-			_			
				Debtor 1			De	ebtor 2		
				Sources of income Check all that apply.	(befo	re deductions and usions)		ources of inconeck all that ap		Gross income (before deductions and exclusions)
	or last calen anuary 1 to		31, 2015)	■ Wages, commissions, bonuses, tips		\$0.00		Wages, com	missions,	
				☐ Operating a business				Operating a l	business	
	or the calend anuary 1 to			■ Wages, commissions, bonuses, tips		\$0.00		Wages, components	missions,	
				☐ Operating a business				Operating a l	ousiness	
	and other winnings. List each s	public benet f you are fili	it payments; ng a joint cas he gross inco	er that income is taxable. Ex pensions; rental income; inte e and you have income that me from each source separa	erest; divi	dends; money colle ived together, list it	ected fi t only c	rom lawsuits; once under De	royalties; and ebtor 1.	
				Debtor 1			De	ebtor 2		
				Sources of income Describe below.	each (befo	s income from source re deductions and sions)	So De	ources of ince escribe below.		Gross income (before deductions and exclusions)
	om January e date you f		nt year until kruptcy:	Retirement Income		\$19,062.00)			
Pa	art 3: List	Certain Pa	yments You	Made Before You Filed for	Bankru	otcy				
6.	Are either ☐ No.	Neither De	ebtor 1 nor D	s debts primarily consume lebtor 2 has primarily consi personal, family, or househo	umer de	bts . Consumer del	<i>bt</i> s are	defined in 11	U.S.C. § 10 ⁻	1(8) as "incurred by an
		During the	90 days befo	re you filed for bankruptcy, d	lid you pa	ay any creditor a to	otal of \$	6,425* or mor	e?	
		☐ Yes	paid that cr	each creditor to whom you pa editor. Do not include payme payments to an attorney for t	nts for do	omestic support obl				
		* Subject		on 4/01/19 and every 3 year			on or af	ter the date of	f adjustment.	
	Yes.			r both have primarily constree you filed for bankruptcy, d			otal of \$	600 or more?		
		■ No.	Go to line 7							
		☐ Yes	include pay	each creditor to whom you pa ments for domestic support of this bankruptcy case.						
	Creditor'	s Name and	d Address	Dates of payme	ent	Total amount	Ar	mount you still owe	Was this p	payment for

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7.	Insiders include your relatives; any general particles of which you are an officer, director, person in a business you operate as a sole proprietor. A alimony.	artners; relatives of any gen n control, or owner of 20% o	eral partners; partner r more of their voting	erships of which you	ou are a genera ny managing a	al partner; corporations gent, including one for
	No					
	☐ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
В.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost		ments or transfer a	ny property on a	ccount of a de	ebt that benefited an
	■ No□ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment itor's name
Pai	rt 4: Identify Legal Actions, Repossessio	ns, and Foreclosures				
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.					
	Case title Nature of the case Court or agency Case number		Status of the case			
	Marvin English Capital One GV15001411-00	Garnishment Chesapeake Gen District Court 307 Albemarle Dr., Suite 200B Chesapeake, VA 23322		Dr., Suite	☐ On appeal	
	Marvin English Midland Funding LLC GV15001923-01	Garnishment	Chesapeake Go Court 307 Albemarle 200B Chesapeake, V	Dr., Suite	Pending On appe Conclude	
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo		erty repossessed, f	oreclosed, garnis	shed, attached	I, seized, or levied?
	No. Go to line 11.Yes. Fill in the information below.					
	Creditor Name and Address	Describe the Property		Date		Value of the
		Explain what happened	I			property
11.	Within 90 days before you filed for bankru accounts or refuse to make a payment bed No Yes. Fill in the details.		luding a bank or fir	nancial institution	n, set off any a	mounts from your
	Creditor Name and Address	Describe the action the	creditor took		action was	Amount
				taker	1	

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Case number (if known) 16-72512 Document Debtor 1 Marvin English 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο п Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You The Alliance Legal Group **Attorney Fees** \$500.00 133 Mt. Pleasant Road Chesapeake, VA 23322 stevetaylor@call54legal.com

\$29.95

\$29.95

Biblical Financial Concepts

Oneonta, AL 35121

DBA Stand Sure Credit Couns. 124 Oakridge Drive POB 418 2/27/14

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Debtor 1 Marvin English

Person Who Was Paid Address Description and value of any property transfer was made	17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details.							
transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No		Person Who Was Paid	•	alue of any property	or transfer was	Amount of payment			
Person Who Received Transfer Address Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. Name of trust Description and value of the property transferred Date Transfer was property transferr	18.	transferred in the ordinary course of your Include both outright transfers and transfers include gifts and transfers that you have alreated No	business or financial afformation as security (such as	airs? the granting of a secur					
19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. Name of trust Description and value of the property transferred Date Transfer made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closs sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokers houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) No Order Street, City, State and ZIP Code)		Person Who Received Transfer Address		red p	payments received or debts	Date transfer was made			
Part 8:	19.	Within 10 years before you filed for bankru beneficiary? (These are often called asset-page No		ny property to a self-s	settled trust or similar device	of which you are a			
20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, close sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokera houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Last 4 digits of account or instrument Date account was closed, sold, moved, or transferred Last 4 digits of instrument Date account was closed, sold, moved, or transferred Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Who else has or had access Describe the contents Do you still have it? Address (Number, Street, City, State and ZIP Code)		Name of trust	Description and	value of the property	transferred	Date Transfer was made			
sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokera houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Last 4 digits of account or instrument closed, sold, moved, or transferred Last bala before closin moved, or transferred Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access Describe the contents Do you still have it? Address (Number, Street, City, State and ZIP Code) Who else has or had access Describe the contents Do you still have it? Address (Number, Street, City, State and ZIP Code)	Par	8: List of Certain Financial Accounts, Ir	nstruments, Safe Deposi	t Boxes, and Storage	Units				
Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Last 4 digits of account or instrument Last 4 digits of instrument Date account was closed, sold, moved, or transferred Last bala before closin moved, or transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) Describe the contents Do you still have it? No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Do you still have it?	20.	sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso	or other financial accou	nts; certificates of de					
Address (Number, Street, City, State and ZIP account number instrument closed, sold, moved, or transferred transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securitie cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Describe the contents Do you still have it? Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) No Address (Number, Street, City, State and ZIP Code) No Describe the contents Do you still have it?									
No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code)		Address (Number, Street, City, State and ZIP			closed, sold, moved, or	Last balance before closing or transfer			
☐ Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) Describe the contents Do you still have it? 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No □ Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Describe the contents Do you still have it?	21.		year before you filed for	r bankruptcy, any saf	e deposit box or other depos	sitory for securities,			
Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code)		_							
■ No □ Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, Street, City, Street, City, Address (Number, Street, City, Street, City, Street, City, Street, City, Address (Number, Street, City, Cit			Address (Number, S		cribe the contents	•			
Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City,	22.	Have you stored property in a storage unit	or place other than you	r home within 1 year	before you filed for bankrupt	cy?			
Address (Number, Street, City, State and ZIP Code) to it? Address (Number, Street, City,									
		•	to it? Address (Number, S		cribe the contents				

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Debtor 1 Marvin English

Pai	t 9: Identify Property You Hold or Control for S	omeone Else							
23.	Do you hold or control any property that someon for someone.	ne else owns? Include any proper	ty you borrowed from, are storing for	, or hold in trust					
	■ No □ Yes. Fill in the details.								
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value					
Pai	t 10: Give Details About Environmental Information	tion							
For	the purpose of Part 10, the following definitions a	pply:							
	Environmental law means any federal, state, or letoxic substances, wastes, or material into the air regulations controlling the cleanup of these substances.	, land, soil, surface water, ground	- •						
	Site means any location, facility, or property as of to own, operate, or utilize it, including disposal s	-	aw, whether you now own, operate, o	or utilize it or used					
	Hazardous material means anything an environm hazardous material, pollutant, contaminant, or si	nental law defines as a hazardous	waste, hazardous substance, toxic s	substance,					
Rep	ort all notices, releases, and proceedings that you	u know about, regardless of wher	they occurred.						
24.	Has any governmental unit notified you that you	may be liable or potentially liable	under or in violation of an environme	ental law?					
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice					
25.	Have you notified any governmental unit of any release of hazardous material?								
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice					
26.	Have you been a party in any judicial or administ	rative proceeding under any envi	ronmental law? Include settlements a	and orders.					
	■ No								
	☐ Yes. Fill in the details.								
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case					
Pai	t 11: Give Details About Your Business or Conn	ections to Any Business							
27.	Within 4 years before you filed for bankruptcy, di	id vou own a business or have an	v of the following connections to any	business?					
☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time									
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)								
	☐ A partner in a partnership								
	☐ An officer, director, or managing executiv	ve of a corporation							
	☐ An owner of at least 5% of the voting or e	equity securities of a corporation							

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Case number (if known) 16-72512 Document Debtor 1 Marvin English No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. **Date Issued** Name **Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ M	arvin English		
Marvin English		Signature of Debtor 2	
Signa	ature of Debtor 1		
Date	August 15, 2016	Date	
	•	ages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Offici	al Form 107)?
No			
☐ Yes	3		
Did yo	ou pay or agree to pa	y someone who is not an attorney to help you fill out bankruptcy forms?	
■ No			
☐ Yes	s. Name of Person	. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Fo	rm 119).

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Document Page 37 of 51 **United States Bankruptcy Court**

Factorn	District 6	of Viro	rinia
Lastern	DISTITICT O	DI VILS	ziiiia

In r	re Marvin English	Case No.	16-72512
	Debtor(s)	Chapter	13
	DISCLOSURE OF COMPENSATION OF ATT	ORNEY FOR D	EBTOR
1.	Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I at compensation paid to me, for services rendered or to be rendered on behalf of the bankruptcy case is as follows:		
	For legal services, I have agreed to accept	\$	5,100.00
	Prior to the filing of this statement I have received	\$	500.00
	Balance Due	\$	4,600.00
2.	\$310.00 of the filing fee has been paid.		
3.	The source of the compensation paid to me was:		
	\blacksquare Debtor \square Other (specify)		
4.	The source of compensation to be paid to me is:		
	\blacksquare Debtor \square Other (specify)		
5.	■ I have not agreed to share the above-disclosed compensation with any other person	n unless they are memb	pers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensation with a person or persons copy of the agreement, together with a list of the names of the people sharing in the		
6	In return for the above disclosed for I have agreed to render legal service for all aspec	ate of the benkmintary as	aca including

- In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
 - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. Other provisions as needed:

Chapter 13: All bankruptcy representation and services as required by Standing Order No. 14-4 of the U.S. Bankruptcy Court for the Eastern District of Virginia.

By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of the debtors in any adversary proceeding or appeal.

Case 16-72512-FJS Doc 15 Filed 08/15/16 Entered 08/15/16 16:59:21 Desc Main Document Page 38 of 51 CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

August 15, 2016	/s/ Kenneth E. Goolsby
Date	Kenneth E. Goolsby 86347
	Signature of Attorney

The Alliance Legal Group

Name of Law Firm 133 Mt. Pleasant Road Chesapeake, VA 23322 (757) 482-5705 Fax: (757) 546-9535

For use in Chapter 13 Cases where Fees Requested Not in Excess of \$5,050 (For all Cases Filed on or after 1/01/2015)

NOTICE TO DEBTOR(S), STANDING CHAPTER 13 TRUSTEE AND UNITED STATES TRUSTEE PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND CLERK'S CM/ECF POLICY 9

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C), you must file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount, no later than the last day for filing objections to confirmation of the chapter 13 plan.

PROOF OF SERVICE

The undersigned hereby certifies that on this date the foregoing Notice was served upon the debtor(s), the standing Chapter 13 trustee, and U. S. trustee pursuant to Local Bankruptcy Rule 2016-1(C) and the Clerk's CM/ECF Policy 9, either electronically or in paper form (first class mail)

August 15, 2016

Date

/s/ Kenneth E. Goolsby
Kenneth E. Goolsby 86347

Signature of Attorney

Fill in this information to identify your case:							
Debtor 1	Marvin English						
Debtor 2 (Spouse, if filing)							
United States Bankruptcy Court for the: Eastern District of Virginia							
Case number (if known)	16-72512						

Check	Check as directed in lines 17 and 21:							
1	According to the calculations required by this Statement:							
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).							
•	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).							
	3. The commitment period is 3 years.							
	4. The commitment period is 5 years.							

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 7,266.28 664.87 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not 0.00 0.00 filled in. Do not include payments you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 0.00 Copy here -> \$ 0.00 \$ Net monthly income from rental or other real property

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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Case number (if known)

16-72512

Marvin English Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you_____ 0.00 For your spouse 0.00 9. Pension or retirement income. Do not include any amount received that was a 3,177.00 0.00 benefit under the Social Security Act. 10, Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. \$ 0.00 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 10,443.28 664.87 11,108.15 each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 11.108.15 13. Calculate the marital adjustment. Check one: ☐ You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Copy here=> 11,108.15 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 11,108.15 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). **x** 12 133,297.80 15b. The result is your current monthly income for the year for this part of the form.

Debtor 1

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Debte	or 1	Marv	rin English		Case number (if known)	16-72512	
16	. Cal	culate	the median family income that applies to	you. Follow these step	s:		
	16a	. Fill in	the state in which you live.	VA			
	16b	. Fill in	the number of people in your household.	2			
			the median family income for your state and			\$	69,277.00
		To fin	nd a list of applicable median income amounts	s, go online using the li		Ψ_	· · · · · · · · · · · · · · · · · · ·
17	. Hov	v do th	ne lines compare?				
	17a	. 🗆	Line 15b is less than or equal to line 16c. (11 U.S.C. § 1325(b)(3). Go to Part 3. Do N				
	17b		Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calc your current monthly income from line 14 a	ulation of Your Dispo			
Par	t 3:	Cal	culate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)			
18.	Cop	y you	r total average monthly income from line 1	1.		\$	11,108.15
19.	cont	tend th	e marital adjustment if it applies. If you are at calculating the commitment period under a noome, copy the amount from line 13.			ır	
	19a	. If the	marital adjustment does not apply, fill in 0 on	line 19a.		-\$	0.00
	19b	Subti	ract line 19a from line 18.			\$	11,108.15
20.			your current monthly income for the year.			•	11,108.15
	20a		line 19b			\$_	
		Multip	oly by 12 (the number of months in a year).				x 12
	20b	. The r	esult is your current monthly income for the y	rear for this part of the t	form	\$_	133,297.80
	20c	Сору	the median family income for your state and	size of household from	line 16c	\$_	69,277.00
	21.	How	do the lines compare?				
		_	Line 20b is less than line 20c. Unless otherwi	ise ordered by the cour	t on the top of page 1 of this fo	rm check hov 3	The commitment
			period is 3 years. Go to Part 4.	se ordered by the cour	t, off the top of page 1 of this to	iiii, check box 3,	The communem
			Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.	nless otherwise ordered	d by the court, on the top of pag	e 1 of this form, o	heck box 4, The
Par	t 4:	Sig	n Below				
	By s	igning	here, under penalty of perjury I declare that	the information on this	statement and in any attachmen	nts is true and cor	rect.
>			rin English				
			English e of Debtor 1				
	•	, ∍ Aug	gust 15, 2016				
]£		/ DD / YYYY				
	н ус	u cnec	cked 17a, do NOT fill out or file Form 122C-2				

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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Fill in	this info	ormation to i	dentify you	ur case:												
Debtor	· 1	Marvin Er	nglish													
Debtor (Spous	· 2 se, if filin	g)														
United	States I	Bankruptcy Co	ourt for the:	Eastern	District of \	Virginia										
Case r	number wn)	16-72512								□ Ch	eck if	this is	an ame	ended	filing	
	Form 1 pter	22C-2 13 Calo	culatio	n of Y	our D	ispos	able	Inco	me						04	/1
		form, you wi Pe <i>riod</i> (Offici			ed copy of	Chapter	13 Stater	nent of	Your Cur	rent Mont	thly Inc	ome a	nd Calc	ulatio	1 of	
space i	is neede	e and accura ed, attach a s es, write you	eparate sh	eet to this	form, Incl	lude the li										
Part 1	Ca	lculate Your	Deduction	s from You	ur Income											
the	questio	I Revenue Sens in lines 6- may also be	-15. To find	Í the IRS st	tandards,	go online	using the									:
expe	enses if	expense amou they are highed d do not dedu	er than the	standards.	Do not incl	lude any op	perating e	xpenses	s that you	subtracte	d from	income				
If yo	ur expe	nses differ fro	m month to	month, ent	ter the ave	rage exper	nse.									
Note	e: Line n	umbers 1-4 a	re not used	in this form	n. These nu	umbers ap	ply to info	rmation	required	oy a simila	ar form	used in	chapter	7 case	es.	
5.	The nu	mber of peo	ple used in	determini	ing your d	eductions	from inc	ome								
	plus the	ne number of e number of a nber of people	ny addition	al depende							1		2			
Nati	ional St	andards	You m	nust use the	e IRS Natio	nal Standa	ards to an	swer the	question	s in lines (6-7.					
6.		clothing, and rds, fill in the						ed in line	e 5 and th	e IRS Nat	ional		\$		1,083.00) —
7.	the dol	-pocket healt ar amount for who are 65 o	r out-of-poc	ket health c	care. The n	umber of p	people is	split into	two cate	goriespe	ople wh	no are ι	nder 65	and		

Official Form 22C-2

higher than this IRS amount, you may deduct the additional amount on line 22.

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Page 43 of 51 Document Marvin English 16-72512 Debtor 1 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 2 7c. Subtotal. Multiply line 7a by line 7b. 108.00 Copy here=> 108.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 130 7e. Number of people who are 65 or older 0 0.00 7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00 Copy here=> 7g. Total. Add line 7c and line 7f 108.00 108.00 Copy total here=> Local Standards You must use the IRS Local Standards to answer the guestions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 559.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 1,441.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment Citimortage \$ 509.56 Ditech \$ 1,894.83 **SPS** 1,127.65 \$ Copy Repeat this amount 3,532.04 3,532.04 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense. Copy Subtract line 9b (total average monthly payment) from line 9a (mortgage 0.00 0.00 here=> or rent expense). If this number is less than \$0, enter \$0. 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and

Explain why:

affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

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16-72512

Case number (if known)

Marvin English 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. ☐ 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 440.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 Describe Vehicle 1: 2015 Chevrolet Tahoe 56000 miles 13a. Ownership or leasing costs using IRS Local Standard..... 471.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Average monthly Name of each creditor for Vehicle 1 payment **Regional Acceptance** 585.38 Repeat this Copy amount on Total Average Monthly Payment 585.38 585.38 13c. Net Vehicle 1 ownership or lease expense Copy net Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. expense here 0.00 0.00 Vehicle 2 Describe Vehicle 2: 2014 Chevrolet Traverse 62000 miles 13d. Ownership or leasing costs using IRS Local Standard..... 471.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment PFS/Prof Finan. Svcs. Corp 310.88 Copy Repeat this here amount on line 33c. Total average monthly payment 310.88 310.88 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. expense here 160.12 160.12 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may 0.00 not claim more than the IRS Local Standard for Public Transportation.

Debtor 1

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Debtor 1 Marvin English Case number (if known) 16-72512

		In addition to the expense dethe following IRS categories		s listed above	, you are allowed your monthly expenses	for	
16.	Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes.						995.37
17.	Involuntary deductions: The contributions, union dues, and	, , ,	uctions th	at your job re	quires, such as retirement		
			, such a	s voluntary 40	1(k) contributions or payroll savings.	\$	62.16
18.	Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.						604.00
19.	Court-ordered payments: administrative agency, such Do not include payments on	as spousal or child support	payment	s.	by the order of a court or You will list these obligations in line 35.	\$	0.00
20.	Education: The total month						
	as a condition for your jo	b, or			•		
	for your physically or me	ntally challenged dependent	child if n	o public educ	ation is available for similar services.	\$	0.00
21.	Childcare: The total monthl Do not include payments for			-	sitting, daycare, nursery, and preschool.	\$	0.00
22.	22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.						
	Payments for health insuran	_				\$	342.00
23.	Optional telephone and telefor you and your dependents phone service, to the extent income, if it is not reimburse.						
					rvice. Do not include self-employment ount you previously deducted.	+\$	0.00
24.	expenses, such as those rep Add all of the expenses al	ported on line 5 of Official Fo	orm 1220	C-1, or any am		+ \$	4,353.65
	expenses, such as those rep	ported on line 5 of Official Fo	orm 1220 nse alloveductions	c-1, or any am vances. s allowed by the	ount you previously deducted.		
Add	expenses, such as those rep Add all of the expenses al Add lines 6 through 23. litional Expense Deductions Health insurance, disabilit	lowed under the IRS exper These are additional de Note: Do not include are	orm 1220 nse alloveductions ny expeni	c-1, or any am vances. s allowed by the se allowances ccount expen	ount you previously deducted.	\$	
Add	expenses, such as those rep Add all of the expenses al Add lines 6 through 23. litional Expense Deductions Health insurance, disabilit insurance, disability insurance	lowed under the IRS exper These are additional de Note: Do not include are	orm 1220 nse alloveductions ny expeni	c-1, or any am vances. s allowed by the se allowances ccount expen	ne Means Test. s listed in lines 6-24.	\$	
Add	Add all of the expenses al Add lines 6 through 23. litional Expense Deductions Health insurance, disabilit insurance, disability insuran your dependents.	lowed under the IRS exper These are additional de Note: Do not include are	orm 1220 nse allow eductions ny expen avings acunts that	vances. s allowed by the se allowances count expenare reasonab	ne Means Test. s listed in lines 6-24.	\$	
Add	Add all of the expenses all Add lines 6 through 23. litional Expense Deductions: Health insurance, disability insurance, disability insurance, dependents. Health insurance	lowed under the IRS expers These are additional de Note: Do not include are y insurance, and health sace, and health savings according to the sav	nse alloweductions are expensively expensively are that	vances. s allowed by the se allowances count expenare reasonab	ne Means Test. s listed in lines 6-24.	\$	
Add	Add all of the expenses all Add lines 6 through 23. Ilitional Expense Deductions: Health insurance, disability insurance, disability insurance, disability insurance, disability insurance, disability insurance. Disability insurance	lowed under the IRS expers These are additional de Note: Do not include are y insurance, and health sace, and health savings according to the sav	orm 1220 nse alloveductions ny expen avings acuunts that \$	vances. s allowed by the se allowances account expensive reasonab 163.34 0.00	ne Means Test. s listed in lines 6-24.	\$	
Add	Add all of the expenses all Add lines 6 through 23. Itional Expense Deductions: Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this to	orted on line 5 of Official Followed under the IRS expersions. These are additional de Note: Do not include any insurance, and health sace, and health savings according to the Note: Do not include and the note of the Note: Do not include any insurance, and health savings according to the Note: Do not include any insurance, and health savings according to the Note: Do not include any insurance in the Note:	orm 1220 nse allow eductions ny expen ivings au unts that \$	vances. s allowed by the se allowances are reasonab 163.34 0.00 0.00	ount you previously deducted. The Means Test. Is listed in lines 6-24. Isses. The monthly expenses for health ly necessary for yourself, your spouse, o	\$r	4,353.65
Add	Add all of the expenses all Add lines 6 through 23. Itional Expense Deductions: Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this to	orted on line 5 of Official Followed under the IRS expersions. These are additional de Note: Do not include any insurance, and health sace, and health savings according to the Note: Do not include and the note of the Note: Do not include any insurance, and health savings according to the Note: Do not include any insurance, and health savings according to the Note: Do not include any insurance in the Note:	orm 1220 nse allow eductions ny expen ivings au unts that \$	vances. s allowed by the se allowances are reasonab 163.34 0.00 0.00	ount you previously deducted. The Means Test. Is listed in lines 6-24. Isses. The monthly expenses for health ly necessary for yourself, your spouse, o	\$r	4,353.65
Add	Add all of the expenses all Add lines 6 through 23. Iitional Expense Deductions: Health insurance, disability insurance, disability insurance pour dependents. Health insurance Disability insurance Disability insurance Health savings account Total Do you actually spend this to No. How much do you yes Continued contributions to continue to pay for the reason	corted on line 5 of Official Followed under the IRS expersions. These are additional de Note: Do not include any insurance, and health sace, and health savings according to the care of household or onable and necessary care a for your immediate family who	eductions by expensivings accounts that	vances. s allowed by the se allowances are reasonab 163.34 0.00 163.34 inembers. The ort of an elder ble to pay for s	count you previously deducted. The Means Test. Is listed in lines 6-24. The monthly expenses for health ly necessary for yourself, your spouse, or yourself, your spouse, or yourself, your spouse, or actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may	\$r	4,353.65
25. 26.	Add all of the expenses all Add lines 6 through 23. Iitional Expense Deductions: Health insurance, disability insurance, disability insurance, disability insurancy dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this to Yes Continued contributions to continue to pay for the reason your household or member of include contributions to an ail.	to the care of household or onable and necessary care a for your immediate family who count of a qualified ABLE priolence. The reasonably necessary care a priolence.	eductions by expensivings accounts that	vances. s allowed by the se allowances are reasonabed. 163.34 0.00 0.00 163.34 nembers. The ort of an elder ille to pay for separate to pay for	count you previously deducted. The Means Test. Is listed in lines 6-24. The monthly expenses for health ly necessary for yourself, your spouse, or yourself, your spouse, or yourself, your spouse, or actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may	\$r	163.34

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Debtor 1	Marvin English	Case	number (if know	n) 16-7	2512		
	Additional home energy costs. Your hom line 8.	ne energy costs are included in your insurance	and operating	g expens	es on		
	If you believe that you have home energy of 8, then fill in the excess amount of home er	costs that are more than the home energy costs nergy costs	included in (expenses	on line		
	You must give your case trustee document amount claimed is reasonable and necessary	ation of your actual expenses, and you must shary.	now that the a	additional		\$	0.00
	Education expenses for dependent child \$160.42* per child) that you pay for your depublic elementary or secondary school.	dren who are younger than 18. The monthly expendent children who are younger than 18 year	expenses (no ers old to atte	t more than	an ate or		
	You must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must export already accounted for in lines 6-23.	cplain why the	e amount			
	* Subject to adjustment on 4/01/19, and eve	ery 3 years after that for cases begun on or after	er the date of	adjustme	ent.	\$	0.00
	O. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.						
		tional allowance, go online using the link specifi so be available at the bankruptcy clerk's office.	ed in the sep	oarate			
	You must show that the additional amount	claimed is reasonable and necessary.				\$_	37.00
	. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).						
	Do not include any amount more than 15%	of your gross monthly income.				\$_	50.00
	Add all of the additional expense deduct Add lines 25 through 31.	tions.				\$	550.34
Ded	uctions for Debt Payment						
	For debts that are secured by an interest oans, and other secured debt, fill in lines	in property that you own, including home messas 33a through 33e.	ortgages, v	ehicle			
	o calculate the total average monthly paym reditor in the 60 months after you file for ba	nent, add all amounts that are contractually due inkruptcy. Then divide by 60.	to each secu	ured			
	Mortgages on your home						ge monthly
33a.	Copy line 9b here				=>	payme \$	3,532.04
oou.	Loans on your first two vehicles					Ψ	3,332.04
33b.	Canadina 40h hana					\$	585.38
					=>	· —	
33c.	Copy line 13e here				=>	\$	310.88
33d.	List other secured debts:						
Nam	e of each creditor for other secured debt	Identify property that secures the debt	in	oes paym clude tax r insuranc	es		
] No			
	-NONE-					œ	
				103		\$	
] No			
] Yes		\$	
] No			
					+	\$	
					٦		

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Marvin English Case number (if known) 16-72512 Debtor 1 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? ☐ No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt **Total cure amount** Monthly cure amount 204 Fillmore Place Chesapeake, VA Citimortage $4,254.77 \div 60 = $$ 70.91 23325 Chesapeake City County 204 Fillmore Place Chesapeake, VA Ditech **20,026.12** \div 60 = \$ 333.77 23325 Chesapeake City County Rev. chg. - JUDGMENT LIEN -**GARNISHMENT AGAINST NAVY FCU** Sears/Citibank 34.94 $2,096.48 \div 60 = $$ **ACCOUNT** 2940 E. Princess Anne Road Norfolk, **SPS** 153.00 $9,180.09 \div 60 = $$ VA 23504 Norfolk City County Copy total 592.62 592.62 Total here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. ■ No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 20,694.00 ÷60 \$ 344.90 36. Projected monthly Chapter 13 plan payment 2,385.00 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by 7.00 the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total 166.95 166.95 Average monthly administrative expense here=> 5.532.77 \$ 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 4,353.65 expense allowances Copy line 32, All of the additional expense deductions 550.34 Copy line 37, All of the deductions for debt payment 5,532.77 10,436.76 10,436.76 Total deductions..... Copy total here=>

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Debtor 1	Marvin Englis	<u>SN</u>		Case	number (<i>if Know</i>	(n) 16-72	512	
Part 2:	Determine Yo	ur Disposable Income Unde	r 11 U.S.C. § 1325(b)	(2)				
		rrent monthly income from l Current Monthly Income an				\$		11,108.15
chi disa rec	Idren. The month ability payments the eived in accordant	bly necessary income you re hly average of any child supporter for a dependent child, reporter nce with applicable nonbankru pended for such child.	ort payments, foster ca	re payments, or C-1, that you	\$	0.00	_	
em in 1	ployer withheld fr	retirement deductions. The reform wages as contributions for b)(7) plus all required repayme C. § 362(b)(19).	r qualified retirement p	lans, as specified	\$	380.66	-	
42. Tot	al of all deduction	ons allowed under 11 U.S.C	. § 707(b)(2)(A). Copy	line 38 here=>	\$	10,436.76	_	
exp the	enses and you h ir expenses. You	cial circumstances. If special lave no reasonable alternative must give your case trustee a documentation for the expense	, describe the special a detailed explanation	circumstances and	l			
Descri	be the special c	ircumstances		Amount of exper	nse			
				S				
				<u> </u>				
			Total \$	0.00	Copy here=>\$		0.00	
44. To t	tal adjustments.	Add lines 40 through 43.		=> \$	10,81	7.42 Co	py re=> - \$	10,817.42
45. C al	·	nthly disposable income un	der § 1325(b)(2). Sub	tract line 44 from lir	ne 39.		\$	290.73
hav tim you	ve changed or are e your case will b u filed your petitio	or expenses. If the income in a virtually certain to change af the open, fill in the information lan, check 122C-1 in the first coll in when the increase occurre	ter the date you filed y below. For example, if dumn, enter line 2 in th	our bankruptcy pet the wages reported ne second column,	ition and dur d increased a	ing the after		
Form	Line	Reason for change		Date of change	Increase		mount of chan	ge
☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220	0-2 0-1 0-2 0-1 0-2 0-1				☐ Incre ☐ Decre ☐ Incre ☐ Decre ☐ Incre ☐ Decre ☐ Decre	ease \$ ase ease \$ ase ease \$ ase ease \$		
1220	C-2			· ————	Decr	ease \$		

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Debtor 1	Marvin English	Case number (if known) 16-72512
Part 4:	Sign Below	
E	By signing here, under penalty of perjury you	declare that the information on this statement and in any attachments is true and correct.
X	/s/ Marvin English Marvin English Signature of Debtor 1	
Date	August 15, 2016 MM / DD / YYYY	

Debtor 1 Marvin English Case number (if known) 16-72512

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 01/01/2016 to 06/30/2016.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: $\mbox{\bf DFAS}$

Income by Month:

6 Months Ago:	01/2016	\$1,244.62
5 Months Ago:	02/2016	\$7,382.64
4 Months Ago:	03/2016	\$11,656.80
3 Months Ago:	04/2016	\$7,771.20
2 Months Ago:	05/2016	\$7,771.20
Last Month:	06/2016	\$7,771.20
	Average per month:	\$7,266.28

Line 9 - Pension and retirement income

Source of Income: retirement

Constant income of \$3,177.00 per month.

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Debtor 1 Marvin English Case number (if known) 16-72512

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period **01/01/2016** to **06/30/2016**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **7-11** Income by Month:

medine of month.		
6 Months Ago:	01/2016	\$0.00
5 Months Ago:	02/2016	\$1,130.33
4 Months Ago:	03/2016	\$1,009.16
3 Months Ago:	04/2016	\$477.34
2 Months Ago:	05/2016	\$644.29
Last Month:	06/2016	\$728.08
	Average per month:	\$664.87